

Applicant Exhibit F, p. 1

### DEFINITIONS AND INSTRUCTIONS

1. The term "document" means any written, recorded or graphic matter, or matter existing on computer software or hardware, whether previously erased or not, including but not limited to memoranda, notes, minutes, business records, telephone contacts, correspondence, telegrams, diaries, bookkeeping entries, receipts, work orders, contracts, financial statements, tax returns, checks, check stubs, reports, records, summaries, lists, charts, compilations, graphs, statements, notebooks, handwritten notes, applications, agreements, files, addenda, books, pamphlets, periodicals, appointment calendars, recordings of oral conversations, voice mail messages and electronic mail.

2. "Midwest Terminals" refers to Midwest Terminals of Toledo International, Inc., its owners, officers, agents, representatives, successors and assigns.

3. "Freedom Employment Services" refers to Freedom Employment Services, LLC., its owners, officers, agents, representatives, successors and assigns.

4. (a) Copies may be produced in lieu of originals, provided that such copies are exact and complete copies of original documents and that the original documents be made available if necessary for the purposes of verifying the accuracy of such copies.

(b) Any copies of original documents which are different in any way from the original, whether by interlineations, receipt, stamp, notations, indication of copies sent or received, or otherwise, shall themselves be considered original documents and must be produced separately from the originals or copies of originals satisfying the requirements of paragraph 4(a).

5. "Any", "each", and "all" shall be read to be all inclusive and to require the production of each and every document responsive to the request in which such terms appear.

6. "And" and "or" and any other conjunctions or disjunctions used herein shall be read both conjunctively and disjunctively, so as to make the request inclusive rather than exclusive and to require the enumeration of all information responsive to all or any part of each request in which any conjunction or disjunction appears.

7. Documents subpoenaed shall include all documents in your physical possession, custody or control, and all documents in the possession, custody and control of your present or former supervisors, agents, attorneys, accountants, advisors, investigators, and any other persons and companies directly or indirectly employed by, or connected with you.

8. If any documentation responsive to any request herein was, but no longer is, in your possession, custody or control, identify the document (stating its date, author, subject, recipients and intended recipients); explain the circumstances by which the document ceased to be in your

possession, custody or control, and identify (stating the person's name, employer title, business address and telephone number, and home address and telephone number) all persons known or believed to have the document or a copy thereof in their possession, custody or control.

9. If any document responsive to any request herein was destroyed, discarded, or otherwise disposed of for whatever reasons, identify the document (stating the date, author, addressee(s), recipients and intended recipients, title and subject matter); explain the circumstances surrounding the destruction and discarding or disposal of the document, including the timing of the destruction, identify all personnel who authorized the destruction, discarding or disposal of the document, and identify all persons known or believed to have the document or a copy thereof in their possession, custody or control.

10. If any document responsive to any request herein was withheld from production on the asserted ground that it is privileged, identify and describe with respect to each document:

- (a) the author;
- (b) the recipient;
- (c) the date of the original document;
- (d) the subject matter of the document;
- (e) the asserted ground of privilege.

11. This request is continuing in character and if additional responsive documents come to your attention following the date of production, such documents must be promptly produced.

12. This request contemplates production of responsive documents in their entirety, without abbreviation or expurgation.

13. All documents produced pursuant to this subpoena should be organized by what subpoena paragraph each document or set of documents are responsive to, and labels referring to that subpoena paragraph should be affixed to each document or set of documents.

14. If any document covered by this subpoena contains codes or classifications, all documents explaining or defining the codes or classifications used in the document must also be produced.

15. Electronically stored information (ESI) should be produced in the form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

16. Unless specifically requested, the following information should be redacted: social security numbers, driver license numbers, and any medically sensitive information. Unless specifically requested, the following documents should not be produced: copies of social security cards, W-4 forms and payroll deduction forms.

17. Unless otherwise stated, each request in this subpoena covers the period from December 1, 2016 to present.

**Documents Subpoenaed**

1. Any and all contracts Freedom Employment Services has entered into for the performance of work for Midwest Terminals and/or for the supply of labor to Midwest Terminals.
2. Any and all contracts Freedom Employment Services has entered into with any entity for the performance of work at 3518 Saint Lawrence Drive, Toledo, Ohio 43605 and/or the supply of labor to any entity performing work at that location.
3. The complete personnel files for any Freedom Employment Services employees contracted to perform work for Midwest Terminals or otherwise performing work at 3518 Saint Lawrence Drive, Toledo, Ohio 43605 from December 1, 2016 to present.
4. Payroll records from December 1, 2016 to present for any and all employees contracted to perform work for Midwest Terminals or otherwise performing work at 3518 Saint Lawrence Drive, Toledo, Ohio.
5. Any and all documents detailing and/or showing in any way the nature of the work performed from December 1, 2016 to present by any Freedom Employment Services employees contracted to perform work for Midwest Terminals or otherwise performing work at 3518 Saint Lawrence Drive, Toledo, Ohio.
6. Any and all documents detailing the pay rate and benefits provided from December 1, 2016 to present to any Freedom Employment Services employees contracted to perform work for Midwest Terminals or otherwise performing work at 3518 Saint Lawrence Drive, Toledo, Ohio.

7. For the period from December 1, 2016 to present, any and all documents reflecting the job title and job duties of any Freedom Employment Services employee at the times when that employee was performing work at 3518 Saint Lawrence Drive, Toledo, Ohio or otherwise on behalf of Midwest Terminals.
8. Any and all handbooks, rules or policies applicable to Freedom Employment Services employees contracted to perform work for Midwest Terminals or otherwise performing work at 3518 Saint Lawrence Drive, Toledo, Ohio, and the dates those documents were in effect.
9. Any and all documents reflecting payments received from Midwest Terminals to Freedom Employment Services for services rendered by Freedom Employment Services from December 1, 2016 to present.
10. Any and all documents reflecting the owners, officers, managers, supervisors, and members of Freedom Employment Services from December 1, 2016 to present.
11. The Articles of Organization and Operating Agreement for Freedom Employment Services.

## INSTRUCTIONS FOR WITNESSES RECEIVING SUBPOENAS

1. Witnesses who have been subpoenaed by the General Counsel to appear before the Regional Director or his designee are entitled to witness fees of \$40 per day for each day they appear as a result of such subpoena.
2. For those witnesses who live within the boundaries of the city in which the appearance is held and who are required to be present in that city, there is no provision for mileage or parking fee reimbursement. Please refer to the last paragraph of these instructions for further information.
3. For those witnesses who live outside the boundaries of the city in which the appearance is held and who are required to commute to the appearance place, an allowance of 53.5 cents per mile for private automobile usage is currently in effect. If a witness incurs a parking fee in connection with such travel and attendance, that fee is also included in the witness claim form. Please note on the reverse side of the subpoena the number of miles you traveled for the appearance, estimated return miles and the parking fee, if you have incurred such fee, and present the subpoena to the Board Agent upon arrival at the appearance.
4. Reimbursement for travel to and from the city in which the appearance is held is based on the least expensive travel arrangements. If travel by common carrier, i.e., air, rail or bus, using economy or coach fare, is less than travel by private auto, then reimbursement will be for the lesser amount. If common carrier is used, limousine or transfer fares to and from the airport or terminal and appearance locations are reimbursable amounts which will be included in the witness claim form. If the distance you must travel requires such arrangements, please discuss this with the Board Agent or the office manager at the NLRB office before you leave home.
5. Sometimes a witness may need to remain overnight in the city where you are being asked to testify. This may occur because of the distance the witness lives from the appearance location and because of the number of days that witness must be present at the appearance. If you as a witness face this situation, please talk with the Board Agent or the office manager about per Diem (hotel/meal) allowances. Maximum amounts of reimbursement differ per day according to location. Hotel receipts and a list of all meals are required in all cases.
6. Please bring the subpoena with you and present it to the Board Agent when you arrive. Following the completion of your testimony, the claim form that you have received and completed, should be given to the Board Agent. In the event you are unable to provide the forms and/or any receipts or other information on the date you testify, please mail the form and receipts to the Regional Office as soon as possible after you testify. If this information is not received within thirty (30) days after your testimony, we will assume you are not seeking reimbursement for expenses you may have incurred. Generally, it takes from four to six weeks to process these claims once we have your signed claim form and necessary receipts for forwarding to Washington.



## WITNESS CLAIM INSTRUCTIONS

In order to be paid for appearing as a witness, you should bring both your subpoena and the NLRB Form titled **CLAIMS FOR WITNESS ATTENDANCE FEES, TRAVEL AND MISCELLANEOUS EXPENSES** (both pages) with you at the time you testify. The Board Agent will complete Part 1-ATTENDANCE CERTIFICATION. You will complete **PART II-WITNESS CLAIM FOR FEES AND ALLOWANCES** while you are at the hearing/deposition. You will receive a witness fee of \$40 for each day or part of a day that you are in attendance under the subpoena. You may also be entitled to be reimbursed for mileage, parking, and other travel expenses if the expenses are determined to be necessary under Federal Travel Regulations. The NLRB will determine which travel-related expenses can be reimbursed.

The NLRB will pay your witness claim by making a direct deposit, often referred to as an Electronic Funds Transfer or EFT, into your bank or other financial institution. You may complete **PART III - RECEIVING PAYMENT** prior to coming to the hearing/deposition or you may complete it at the hearing/deposition. To complete the payment information, you can obtain the routing number and the account number from the bottom left of one of your checks as shown in the example below.

5/21/19

DATE: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_ \$ \_\_\_\_\_

AMOUNT IN FIGURES: 10,000.00

AMOUNT IN WORDS: TEN THOUSAND AND 00/100 DOLLARS

MEMO: \_\_\_\_\_

000045678000 000011 10000

The 9-digit routing number on this check is 000045678000.

The accounting number is 0000.

The last set of digits, 0000, is the check number which we do not need.

Once the NLRB processes your claim, the amount paid will be shown on your bank statement with a reference of "NLRB Treas 349."

If you do not have an account with any bank or financial institution, sign the certification to that fact at the bottom of the form, and you will be paid by check at the address shown in PART I of the form.

FORM NLRB-5494(E)  
(5-13)**CLAIMS FOR WITNESS ATTENDANCE FEES, TRAVEL, AND  
MISCELLANEOUS EXPENSES****PART I - ATTENDANCE CERTIFICATION****1. General Information**

a. Witness Name \_\_\_\_\_ c. Social Security No. \_\_\_\_\_  
 b. Witness Address \_\_\_\_\_ d. Case Name \_\_\_\_\_  
 Street \_\_\_\_\_ e. Case Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Travel and Attendance Information**

a. Dates of Travel From Residence to Case Location: From \_\_\_\_\_ To \_\_\_\_\_  
 b. Dates of Travel From Case Location to Residence: From \_\_\_\_\_ To \_\_\_\_\_  
 c. Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

**3. NLRB Certification**

I certify that the witness named above attended in the case or matter indicated, and is entitled to the statutory allowances for attendance and travel.

(Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

(Date) \_\_\_\_\_

**PART II - WITNESS CLAIM FOR FEES AND ALLOWANCES**

	Rate	No. of Days	Amount Claimed	Totals
<b>1. Attendance Fees</b>				
a. Fact, Pretrial Conference & Detained Witness				
Total Attendance Fees..				
<b>2. Mileage Allowance Indicate type of privately owned vehicle:</b>				
<input type="checkbox"/> (auto) <input type="checkbox"/> (motorcycle) <input type="checkbox"/> (airplane)	Rate	No. of Miles	Amount Claimed	
a. From Residence to Case Location (and Return)				
b. From Hotel/Motel to Court (or Court to Hotel/Motel)				
Total Mileage Allowance..				
<b>3. Subsistence Per Diem Rate: _____</b>				
a. Meals				
b. Lodging (Receipt Required)				
Total Subsistence Allowance..				
<b>4. Miscellaneous Allowance (See Item 8 Below)</b>				
a. Common Carrier			Amount Claimed	
b. Parking Fees, Tolls, Taxi Fares				
Total Miscellaneous Allowances..				
<b>5. Total Amount Claimed (Items 1-4, Part II)..</b>				
<b>6. Less Outstanding Check or Cash Advances..</b>				
<b>7. Net Amount Claimed by Witness..</b>				
<b>8. Use this space to itemize your expenses from Item 4, Part II above.</b>				
Receipts are required for all common carrier, and for all other single items in excess of \$75.00.				

**9. Witness Certification**

I certify that the above data is correct and that payment has not been received, and that at the time of travel and attendance I ☐ (was) ☐ (was not) a U.S. Government employee and I ☐ (was) ☐ (was not) a citizen of the United States. (If not a citizen, present your Alien Registration Record with this form.) Common carrier cost ☐ (was) ☐ (was not) paid by NLRB.

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

(You must complete Part III on reverse side)



### PART III - RECEIVING PAYMENT

Under the Debt Collection Improvement Act of 1996 (reference Public Law 104-134, Section 31001 (X), the NLRB is required to pay a witness by Electronic Funds Transfer (EFT), which is a direct deposit to your bank, credit union, savings and loan, or other financial institution. The only exception is if you do not have an account with a financial institution. Failure to provide this information may delay or prevent receipt of your claim.

Please provide either a voided check, a deposit ticket (if the routing number is the same as on your check, or fill in the following information:

SSN: \_\_\_\_\_

ACCOUNT HOLDER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

9 DIGIT ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: CHECKING ☐ OR SAVINGS ☐

SIGNATURE: \_\_\_\_\_

When your claim is processed the direct deposit will be reflected on your bank statement with a reference to NLRB Treas 349.

OR

If you do not have an account with a financial institution sign the following statement.

I certify that I do not have an account with a financial institution or an authorized payment agent.

SIGNATURE: \_\_\_\_\_

Your payment will be mailed to the address shown in Part I.